

Application Data Sheet

Application Information

Application Type::	Reissue
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	MULTIDIRECTIONAL ADAPTABLE VERTEBRAL OSTEOSYNTHESIS DEVICE WITH REDUCED SPACE REQUIREMENT
Attorney Docket Number::	0573-1004-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: TAYLOR
City of Residence:: CANNES
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing 141 RUE D'ANTIBES
Address::
City of Mailing Address:: CANNES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BERNARD
Middle Name::
Family Name:: VILLARET
City of Residence:: CROIX-CHAPEAU
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing 20 RUE DE SALLES
Address::
City of Mailing Address:: CROIX-CHAPEAU
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 17220

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This applicatio	Reissue of	09/445,176	3/2/00
09/445,176	National Stage of	PCT/FR98/01119	6/3/98

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
IRELAND	S970411	6/3/97	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::